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FACSIMILE TRANSMISSION COVER SHEET

Date: February 11, 2008
To: United States Patent and Trademark Office
Examiner: Jackson, Jakieda R.; Art Unit: 2626
Fax: (571) 273-8300
Re: **Application Serial No.: 10/799,533**
Filing Date: 3/11/2004; First-Named Inventor: Gao
Attorney Docket No.: 0160112
From: Farjami & Farjami LLP

Number of pages including the cover sheet: 20

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated October 18, 2007.

Authorization is hereby given to the Director to charge \$120.00 to deposit account 50-1867 as payment for the required fee.

Thank you.

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Attorney Docket No.: 0160112

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Gao, YangSERIAL NO.: 10/799,533 FILED: 3/11/2004FOR: Signal Decomposition of Voiced Speech for CELP Speech CodingHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.☒ The fee has been calculated as shown below:☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$ 120.00
SECOND MONTH AFTER TIME PERIOD SET	460.00	230.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,050.00	525.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,640.00	820.00	\$

☒ TOTAL EXTENSION FEE \$ 120.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	44	MINUS **52	* = 0	x 50	x 25	\$
INDEPENDENT	4	MINUS ***4	* = 0	x 210	x 105	\$
First presentation of multiple dependent claim				+ 370	+ 185	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☒ Please charge Deposit Account No. 50-1867 in the amount of \$120.00
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-1867. A duplicate copy of this sheet is enclosed.

Date:

2/12/08

By:

Farshad Farjami, Reg. No. 41,014

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Christina Carter Ellis

Name of Person Performing Facsimile Transmission

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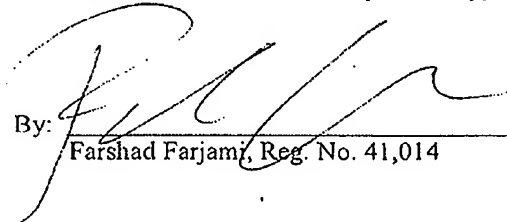
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